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SUBJECT: ERITREA TO NATIONALIZE MEDICAL CLINICS

1.(SBU) Several private medical clinics in Asmara received written notification November 2 and 3 from the Ministry of Health that their practices will face closure in the immediate future. The notification states:

"On different occasions, the Ministry of Health has made notice that all private clinics will be closed, and the issuance of new licenses discontinued. Accordingly, it is decided that your private clinic will be closed very shortly, and thus you are hereby informed to make necessary preparations. We will inform you in the near future of the exact closing date. Victory to the Masses! Signed Dr. Tesfay Solomon, Director of Services and Qualifications"

¶2. (SBU) According to members of the local medical community, the Government of Eritrea attempted a similar "nationalization" of medical clinics in 2005; however, most clinics remained in operation with no change to their practices or licensing. One local health practitioner told emboff that most health clinics in Asmara are already in "semi-government" status with Ministry regulation of their services, and that most clinics will be permitted to reopen only under the auspices of a government-run hospital.

¶3. (SBU) A doctor in Asmara makes between 400 and 600 nakfa (\$27-\$40) each month under national service wages. Via private clinics, a doctor may make that much money from a single visit. Operating a private clinic in addition to mandatory national service is how most doctors survive on the less than sufficient government wages. Without private practices, as one Eritrean health professional told emboff, doctors would be largely unmotivated to continue the health profession in Eritrea.

¶3. (SBU) Comment: Nationalization of private clinics would only further paralyze an already weak medical system. The private clinics which offer specialized services such as x-ray technology and dentistry - which also have invested in their own equipment, supplies, and medications - are most at risk. The effect will not only impair the ability of Eritreans to seek medical care, but could also limit the ability of embassy employees to seek basic treatment options locally.

MCMULLEN